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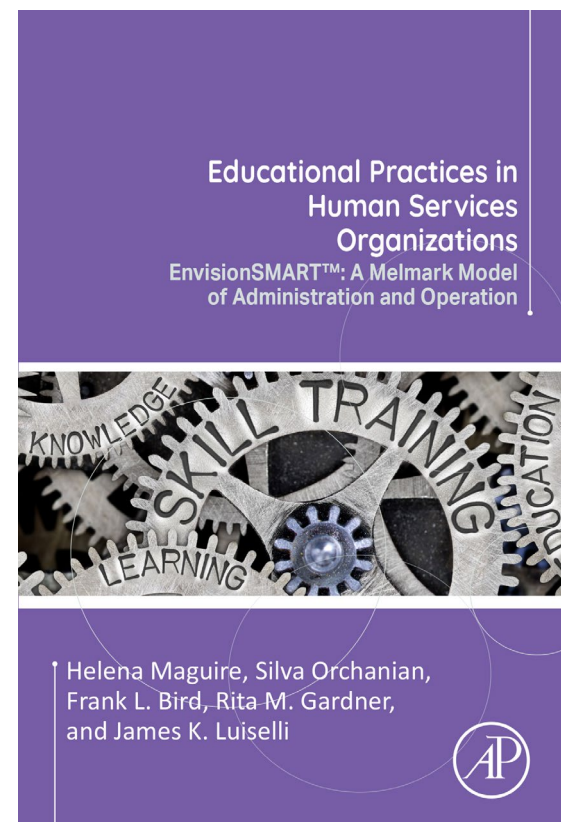
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Postschool transition planning
IEP development requires postschool transition planning (IDEA, 2004). There is considerable evidence that depends on several best practices schools should follow before students reach 21 years of age (Harvey, 2002; Papay & Bambara, 2014; Test et al., 2009). At the same time, these practices are not universally effective, and studies have reported conflicting outcomes. From a synthesis of available research compiled by Papay and Bambara (2014), "Perhaps the most important implication for teachers and other professionals involved in providing transition services to youth with intellectual disabilities is that there may be no universal recommendations made about transition programming that will lead to successful outcomes for all youth" (p. 146).
A summary of postschool transition planning strategies prioritizes an individualized and multi-faceted approach (Bambara et al., 2007; Jacobs et al., 2018). Having students participate in their transition planning promotes success, including family involvement in making decisions and responding to recommendations. A student's experiences with vocational training, employment, and community-based work are equally important (Rooney-Kron & Dymond, 2022). Yet another contribution to positive transitions is teaching and students a functional life skills curriculum focused on adaptive behavior and independent living. Intra-agency collaboration between schools and adult services programs suitable for students also should be integral to IEP transition planning. More qualitative and quantitative research is needed to validate

While there is research support for OBM within human services organizations (Gravina et al., 2019), many settings are in need of program-building strategies and steps to begin the process of organizational development. Other settings may have some elements of OBM at the earliest stages but require direction to fully implement a systems model.

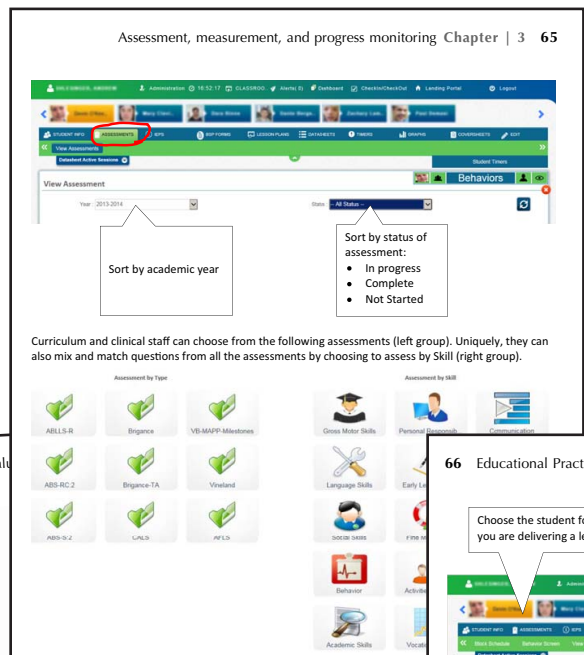


FIGURE 3.5 MEDS assessment user screen.

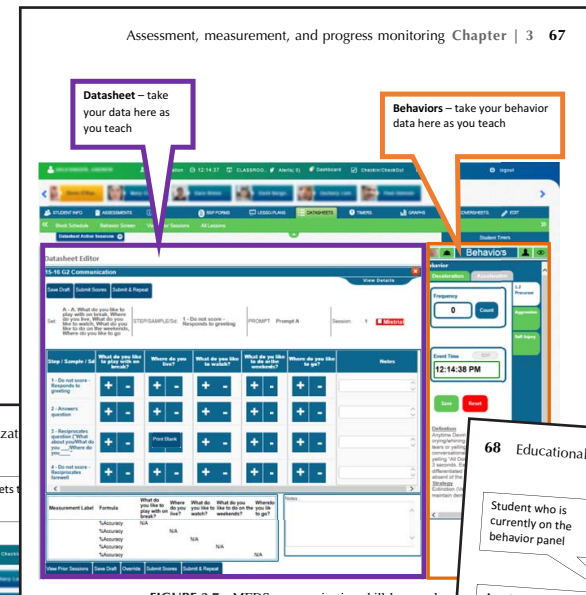


FIGURE 3.7 MEDS communication skill lesson plan.

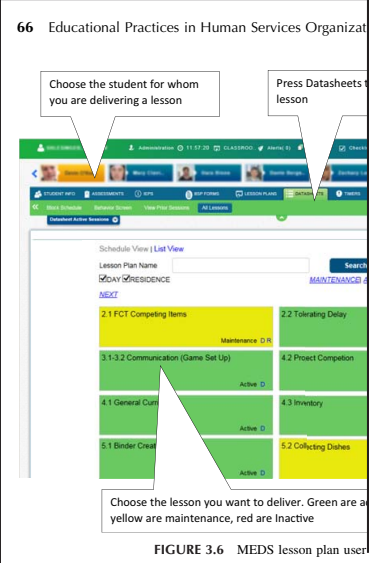


FIGURE 3.6 MEDS lesson plan user interface.

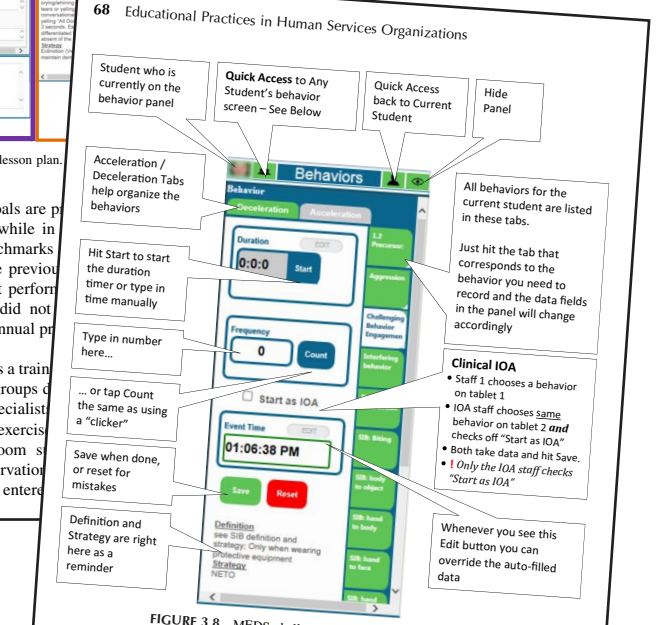


FIGURE 3.8 MEDS challenging behavior recording panel.

depends on the types of data being presented, most typically line graphs, histograms, and pie charts, formatted with condition (phase) lines, trend lines, IOA scores, and arrow notes designating within-condition changes. Graphs are updated continuously as soon as student data is recorded within MEDS for both skill acquisition and behavior reduction targets and are immediately available for review at instructional planning meetings.
Student data entered, summarized, and graphed within MEDS are converted to progress reports matched to the hardcopy IEP format. Goals, objectives, and time periods in the IEP are populated into progress reports, including space for narrative commentary. The completed on-screen displays can be exported to word-processing documents for offline review and distribution at planning and IEP meetings. Data presented in graphs can also be transferred to progress reports in simple steps. The system archives all previously completed progress reports in each time period specified in the IEP. Fig. 3.9 depicts an annual "student report card" that is compiled from quarterly outcome data, marking progress toward IEP goals and objectives. The report card example lists only a few goals for the purpose of illustration by name (1.1 Behavior: Aggression, 1.2 Behavior: Self-injury, 2 Communication:

Ultimately, survey data should lead to recommendations and solutions to the most apparent problems. For example, more productive collaboration between OTs and BCBAs might be promoted through cross-disciplinary training that explains compatible concepts and practices, corrects misinterpretations of theoretical underpinnings, shares seminal research resources, and shapes a common language.